

State of Kansas

Collection Site Passport NON - DOT

Donor Name: _____

Donor Social Security #: _____

Account # 6203 _ _ _ _ _

COLLECTION SITE INFORMATION:

Collection site: _____

Address _____

Phone # _____

Appt. Date & Time: _____

INSTRUCTIONS TO CLINIC REPRESENTATIVE DO NOT TURN THIS DONOR AWAY!

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

- ***FAX copy of chain to: Attn Kraig Knowlton @ 785-296-6918***

DO NOT BILL THE DONOR OR THE CUSTOMER

You will be paid by University Services. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have any questions, please Colleen Ward @ (800)624-3784

Labcorp Laboratory

**1904 Alexander Drive
Research Triangle Park, NC 27709
800.800.4522**

